

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 193
Registered No. 407

1. PLACE OF BIRTH

County GilaState Arizona

District or Township _____

or Village P.O. Box 1688 - Miami -City MiamiNo. 722 Keegan St

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Barquin

If child is not yet named, make supplemental report, as directed.

3. Sex of Child male

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date

of birth June 22 - 1930
Month Day Year

5. No., in order of birth _____

8.

FATHER

Full name Juan Barquin

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

10. Color or race

Spanish11. Age at last birthday 33 (Years)

12. Birthplace (city or place)

(State or country)

SantanderSpain

13. Occupation

Nature of Industry Miner

14.

MOTHER

Full maiden name Ascencion Martinez

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona.

16. Color or race

Mex.17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country)

OranangoMex.

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother.

(Taken as of time of birth of child herein certified and including this child.) 4(a) Born alive and now living 4(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown

(Physician or midwife)

Given name added from a supplemental report _____

Month, day, year _____

Address Miami, ArizonaFiled June 30 1930

Registrar. _____

Registrar. C. E. Brown

125-622-149

such in order of birth stated.